

U. S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE: Apr 25 2000TO: Hospital

(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done(Give Details).

Good day I have request a blood test
 And were told to look at the call-out,
 Please look at attach copy. thanks you for your
 earliest reply.

Name: Anthony Allen No: 40428-053
 Work Assignment: Chicar Unit: CIA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

Date: 10/26/01

You will be scheduled.
 A&O. Physicals are being
 done first. watch
 the call-out.

T. Polley
Officer

Original-File
Canary-Inmate

FCI McKean

FCI MCKEAN

Previously SP-Admin-70

BP-148(70)
July 1999

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

99 NOV -4 1999 11:08 AM INMATE REQUEST TO STAFF MEMBER

DATE 11/3/99

TO: Ms. Rymer Hospital RN
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Good day, I would like to send for my glasses from the optical, so I'm asking for your permission at the earliest time. Thank you very much.

Prism Optical, Inc.
P.O. Box 680030
10992 NW 7th Ave.
N. Miami, Florida 33168

(Use other side of page if more space is needed)

NAME: Anthony Allen No.: 40428053

Work assignment: Unicor Unit: CA

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 11/10/99

The form has been completed & sent to the Mail Room.

C. Rymer, RN

C. Rymer, RN

Officer

DATE _____

TO: _____
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like a copy of my eye prescription, also
I would appreciate if you could give me the approval
so my family can send me a glasses from the streets.
Thank you very much

(Use other side of page if more space is needed)

NAME: Anthony Allen No.: 40428-053
Work assignment: unicon Unit: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 7/29/99

See attached

M. Lettow
Officer

Original File
Canary - Inmate



FBI LABORATORY

Previous editions not usable

BP-148(65)
OCTOBER 1986

CD 100
BP-S148.70
Oct. 1986INMATE REQUEST TO STAFF MEMBER
FCI MCKEAN HEALTH SVC.P.S. 5511.65
March 3, 1994
Attachment A-Page 1

U.S. DEPARTMENT OF JUSTICE 00 JUN 16 AM 7:23 FEDERAL BUREAU OF PRISONS

TO: Dr. or PA: Hospital DATE: June 14/99
[Name and Title of Staff Member]

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done. [Give details]

Good day, About Four (4) months ago I wrote you concerning my glasses and you told me I am on the waiting list, but all I need is a copy of the same glass because I know that my vision is the same. Hoping for your earliest reply.

Thank you very much.

[Use other side of page if more space is needed]

NAME: Anthony Allen

NUMBER: 40428-053

WORK ASSIGNMENT: Unison

UNIT: 3A

NOTE: If you follow instructions in preparing your request it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: [Do not write in this space]

It is the Optometrist who may refuse to make glasses from an old prescription but your copy is attached

C. Rymer, RN

Staff Member Signature

6/29/99

Date

C. Rymer, RN

BP-S148.070 INMATE REQUEST TO STAFF MEMBER CDFRM
 APR 94
 UNITED STATES DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO: PADATE March 18/99(Name and Title of Officer) Hospital

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

I lost my glass, and would like for you to replace it for me. Thank very much.

(Use other side of page if more space is needed)

NAME: Anthony Allen NO.: 40428-053
 WORK ASSIGNMENT: Unicor UNIT: C A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: Do not write in this space)

DATE 3-19-99

**Your name has been added to
 the waiting list. Please
 watch the call-outs.**

D. Tanner, HIT
 Officer

Record Copy - File; Copy - Inmate

(This form may be replicated via WP) Replaces BP-148 of Oct 86

D. Tanner, HIT

U.S. DEPARTMENT OF JUSTICE

Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE

10/26/97

TO:

The Hospital

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like for you to replace my glasses, it have been broken for the passed three (3) months. Thank you very much.

(Use other side of page if more space is needed)

NAME: Anthony Allen

No.: 404 28053

Work assignment: Unicon

Unit: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 10/31/97

The prescription in your medical record is approximately 1 1/2 yrs old. Your vision probably has changed, therefore I am placing your name on the list for the eye doctor.

Charles Ethusch #658
Officer

FCI MCKEAN HEALTH SVC.

97 AUG 15 AM 11:27

DATE

2/15/97

TO: Hospital

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like to know the result
of my X-Ray. Thank you.

(Use other side of page if more space is needed)

NAME: Anthony AllenNo.: 40428053Work assignment: UnicorUnit: 3A

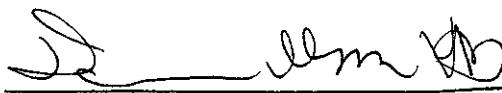
NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE

9/5/97

Yan x-ray was within normal limits



Officer

D. OLSON, M.D.
CLINICAL DIRECTOR

INMATE REQUEST TO STAFF MEMBER

FCI MCKEAN HEALTH SVC.

97 AUG 21 PM 1:05

DATE

8/21/97

Hospital

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like to get the
result of my X-ray
thank you.

(Use other side of page if more space is needed)

NAME: Anthony Allen

No.: 40428053

Work assignment: Unicor

Unit: 3 A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 8-22-97

X-ray of left knee taken 8-4-97 shows no fractures
or dislocation. There is no significant change from 6-15-95

Examination
(normal)

Original - File
Copy - Inmate

RAINELDO SAQUIN, M.D.
STAFF PHYSICIAN



U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 11/8/95TO: To Dentist

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details)

I would like my teeth to be
clean also xtray. thank you very
much.

(Use other side of page if more space is needed)

NAME: Anthony AllenNo. 40428053Work assignment: Unicor ASM TUnit: 3A

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to clearly handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 11-13-95Your name is now on the dental
treatment list.K. Wilmore CDA

Officer

DATE

9-2-94

TO: Dentist

(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I would like my tooth to clean, x-ray,
And fill

(Use other side of page if more space is needed)

NAME: Anthony AllenNo.: 40928053Work assignment: None as yetUnit: 4 B

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 9-7-94Your name is now on
the dental treatment list.J. Wilmer M/T

Officer

DATE 8-11-94

TO: P.A
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I need a copy of my lab workBlood result Thank you.

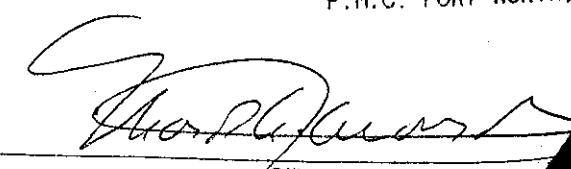
(Use other side of page if more space is needed)

NAME: Anthony Allen No.: 40428053

Work assignment: _____ Unit: _____

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 8-11-94A copy was given to you on 8-11-94MARCO A. ANDUJAR
F.M.C. FORT WORTH, TX
Officer

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing *Memorandum of Law in Support of Motion to Dismiss, or in the Alternative, Motion for Summary Judgment*, was mailed, postage prepaid, this 7th day of July, 2005, to the following:

Anthony George Allen
Register No. 40420-053
FCI McKean
P.O. Box 8000
Bradford, PA 16701



JESSICA LIEBER SMOLAR
Assistant United States Attorney

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

ANTHONY GEORGE ALLEN,)
v.)
Plaintiff,)
v.) CIVIL ACTION NO. 05-31E
UNITED STATES OF AMERICA,) Judge Sean J. McLaughlin
Defendant.) Magistrate Judge Susan Paradise Baxter

ORDER

AND NOW, this _____ day of _____, 2005, upon
consideration of the Defendant's Motion to Dismiss, or in the Alternative, Motion for Summary
Judgment, and upon further consideration of any response thereto,

IT IS FURTHER ORDERED that the Complaint heretofore filed by Plaintiff is hereby
dismissed, with prejudice.

UNITED STATE DISTRICT JUDGE